



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

10/31/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	NJR000039651
INSTALLATION NAME	ANCHOR CONCRETE PRODUCTS
INSTALLATION ADDRESS	100 FOUL RIFT RD PHILLIPSBURG, NJ 088659533
MAILING ADDRESS	100 FOUL RIFT RD PHILLIPSBURG, NJ 088659533

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: ANCHOR CONCRETE PRODUCTS
or Current Occupant
ATTN: JERRY FIEDLER - PURCH AGENT
100 FOUL RIFT RD
PHILLIPSBURG, NJ 088659533**

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

2002 SEP 10 PM 12:07

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification



B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NJ R0000039651

II. Name of Installation (Include company and specific site name)

AWCHOR CONCRETE PRODUCTS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

100 S ADUL RIFIT RD.

Street (Continued)

City or Town

Phillipsburg

State

Zip Code

9533

HARMOINY

State

Zip Code

08865

County Code

County Name

WARREN

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME AS ABOVE

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

Jerry Zeller

"For"

(First)

ANCHOR CONCRETE 10/04/02

FLIEDLER

TERRY

Job Title

Phone Number (Area Code and Number)

PURCHASER AGENT

908-475-1225

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

SAME

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

SAME AS ABOVE

Street, P.O. Box, or Route Number

City or Town

State

Zip Code

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)
Month Day Year

908-475-1225

P

R

Yes

No

Month

Day

Year

Address Verified

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)

- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify _____

3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see Instructions.

- ☐ 4. Hazardous Waste Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketers
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deferral
☐ 2. Small Quantity Exemption
Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
☐ b. Industrial Boiler
☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter
☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

2. Corrosive (D002)

3. Reactive (D003)

4. Toxicity Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☒☐☐☐☐☐☐☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (Type or print)

Date Signed

JERRY FIEDLER (Purchasing Agent)
Vice President8/29/02
10/8/02

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Handler Information



ANCHOR CONCRETE PRODUCTS

PHILLIPSBURG

NJR000039651

Select the information to process:

Basic Handler Information						
Handler Id	Handler Name	Facility Identifier	Extract Flag	Region	State	Universes
NJR000039651	ANCHOR CONCRETE PRODUCTS		X	02	NJ	SQG <input type="button" value="v"/>

Previous Name Information		
Act Loc	Receive Date	Handler Name

Location Address Information								
Act Loc	Street No.	Street	City	County	State	Zip	Land Type	State District
NJ	100	FOUL RIFT RD	PHILLIPSBURG	WARREN	NJ	08865	P	NORTHERN

Mailing Address Information					
Act Loc	Street No.	Street	City	State	Zip
NJ	1913	ATLANTIC AVE	MANASQUAN	NJ	08736

Contact Information							Add Contact		
Act Loc	Type	Title	First Name	Last Name	Phone	Street	City	State	Zip
NJ	N	VICE PRES	JOSEPH	ROTUNNO	732-292-2500	1913 ATLANTIC AVE	MANASQUAN	NJ	08736

Owner Information									Add Owner	
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip
NJ	1	CO	P		ANCHOR CONCRETE PRODUCTS	732-292-2500	100 FOUL RIFT RD	PHILLIPSBURG	NJ	08865

Operator Information								Add Operator		
Act Loc	Seq	Indicator	Type	Change Date	Owner/Operator Name	Phone	Street	City	State	Zip

Miscellaneous Information							Add/Update Miscellaneous Information		
Act Loc	Previous Id	Second Id	Ack Flag	Ack Date	River Basin	TSD Date	Non-notifier	Off-site receipt	Accessibility
NJ				2/8/2002					

ENVIRONMENTAL PROTECTION
 AGENCY REGION II
 RCRA PROGRAMS
 BRANCH
 2002 OCT 21 AM 10:50

12-1-22

10/15/21 11:15 AM

10/15/21	11:15 AM	10/15/21	11:15 AM	10/15/21	11:15 AM
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10/15/21	11:15 AM	10/15/21	11:15 AM	10/15/21	11:15 AM
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10/15/21 11:15 AM

10/15/21 11:15 AM

10/15/21 11:15 AM

10/15/21 11:15 AM

10/15/21 11:15 AM

Location Coordinates			<u>Add/Update Latitude/Longitude</u>
Act Loc	Source	Latitude Measure	Longitude Measure
NJ			

Environmental Priority Ranking				<u>Add EPR</u>
Act Loc	EPR Date	EPR Status	EPR Notes	

SIC Information				<u>Add SIC</u>
Act Loc	Seq	Source	Code	Primary

Other Permit Information				<u>Add Other Permit</u>
Act Loc	Number	Type	Permit Description	

Activity Summary Information										<u>Add Activity</u>
Act Loc	Source	Seq	Receipt Date	Gen - Fed Reg.	Trans - Fed Reg.	TSD - Fed Reg.	HW Fuel - Fed Reg.	Used Oil - Fed Reg.	UIC	Recy
NJ	<u>N</u>	1	1/23/2002	SQG - R	-	-	-	-		

Hazardous Waste Stream Information					<u>Add Waste Stream</u>		
Act Loc	Sequence	Source	Date	Amount	Unit of Measure	Desc	
NJ	<u>0001</u>	N	1/23/2002	0			

Go To



URL: /Handler/HAND_info_main.asp

ENVIRONMENTAL PROTECTION
 AGENCY, REGION II
 2002 OCT 21 AM 10:50
 RCRA PROGRAMS
 BRANCH

23

1870

1870

1870



1870



Phone:
FAX:
email:

ENVIRONMENTAL PROTECTION
AGENCY, REGION II

2002 OCT 21 AM 10:50

RCRA PROGRAMS
BRANCH

Memorandum

To: EPA Jack Hoyt
From: Jerry Fiedler
Date: Monday 10/14/02
Subject: Signatures

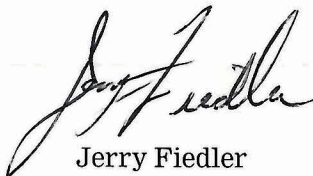
Dear Sir,

The **Notification of Regulated Waste Activity** form of which was sent back to Anchor Concrete Products for additional signatures is being returned to you with your request completed.

The Contact Information area that list Joseph Rotunno (Vice President) is accurate. This form was forwarded to his office of which he read and signed underneath my name. Please keep in mind that his office is located at our corporate center in Manasquan NJ (732) 292-2500. The facility of which this paperwork corresponds to is the Phillipsburg NJ (908) 475-1225 of which I currently have an office at. Mr Rotunno is the person who monitors and retains all safety and environmental information that pertains to the Anchor Concrete Operations.

If you have any more questions or concerns please feel free to contact myself or Joeseph Rotunno for assistance.

Best regards,



Jerry Fiedler
Purchasing Agent
(908) 475-1225 Ext. 215



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

01/31/2002

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	NJR000039651
INSTALLATION NAME	ANCHOR CONCRETE PRODUCTS
INSTALLATION ADDRESS	100 FOUL RIFT RD PHILLIPSBURG, NJ 08865
MAILING ADDRESS	1913 ATLANTIC AVE MANASQUAN, NJ 08736

EPA Form 8700-12AB (4-80)

USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949

TO: ANCHOR CONCRETE PRODUCTS
or Current Occupant
ATTN: JOSEPH ROTUNNO - VICE PRES
1913 ATLANTIC AVE
MANASQUAN, NJ 08736

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

RCRA PROGRAMS
BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. Initial Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NJ R000039651

II. Name of Installation (Include company and specific site name)

ANCHOR CONCRETE PRODUCTS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

100 FOUL RIFT ROAD

Street (Continued)

City or Town

PHILIPSBURG

State

NJ

Zip Code

08865-

County Code

County Name

WARREN

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

1913 ATLANTIC AVE

City or Town

MANASQUAN

State

NJ

Zip Code

08736-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

ROTUNNO

(First)

JOSEPH

Job Title

VICE PRESIDENT

Phone Number (Area Code and Number)

732-292-2500

VI. Installation Contact Address (See instructions)

A. Contact Address

Location



Mailing



B. Street or P.O. Box

City or Town

State

Zip Code

-

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

JOSEPH OF ANCHOR CONCRETE PRODUCTS

Street, P.O. Box, or Route Number

100 FOUL RIFT ROAD

City or Town

PHILIPSBURG

State

NJ

Zip Code

-

Phone Number (Area Code and Number)

- - - - -

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

(Date Changed)

Month

Day

Year

Call Jennifer (732) 613-1660
Spoke with Jennifer 1/25/02 1:00

Address changed

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify _____
- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)
- a. Transporter
- b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
- ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1	2	3	4	5	6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

J. Rotundo

Name and Official Title (Type or print)

JOSEPH ROTUNDO, V.P.

Date Signed

1-18-02

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 4, 2016 - 4:12 PM

Version 5.0

User Selection Criteria

Location:	New Jersey, all activities	Activity Location:	None Chosen
Handler ID:	NJR000039651	Group of IDs:	None Chosen
Handler Name:			
Handler Universe:	All Facilities Regardless of Universe		
Determined Date Range:	From: 10/01/1980 To: 03/04/2016		
Location County Code:	None Chosen	Evaluation Type:	
Location City:		Focus Area:	
Location Zip Code:		Violation Type:	
State District:	None Chosen	Display Code Descrip.:	Yes
Sort Order:	Region, State, Handler Name	Display Universes:	Yes

Results

Data meeting the criteria you selected follows.

Total Pages:4 Total Handlers:1

Report Description

This report presents available information from the Resource Conservation and Recovery Act Information System (RCRAInfo) about compliance evaluations, violations, and enforcement actions meeting the criteria supplied by the user. Evaluations showing no violations does not always indicate that no violations were determined. Violation without enforcement actions does not always mean no enforcement action will be issued. In order to avoid releasing enforcement sensitive information to the public the following information is not shown on the report: pending civil / judicial referrals, criminal actions and referrals, and State to EPA referrals; all other enforcement actions are released.

Report Information

Name: cme_foia.rdf
Developed by: EPA Headquarters, Office of Enforcement and Compliance Assurance
Deployed: June 2006
Last Updated: May 2012
Contact: rcrainfo.help@epa.gov
Tables Used: cmecomp3, ccitation3, hreport_univ5, lu_citation, lu_state, hid_groups
Libraries: none

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 4, 2016 - 4:12 PM

Page 2

ANCHOR CONCRETE PRODUCTS

County Name / Code: WARREN / NJ041

NJR000039651

Location: 100 FOULRIFT RD; PHILLIPSBURG, NJ 08865

REGION 02

Mailing: 100 FOULRIFT RD; PHILLIPSBURG, NJ 08865

Activity Location: NJ	State District: NORTHERN	Accessibility:	Non-Notifier:	Extract Flag: Y	Active Site: N
Generator: N	Transporter: N	Operating TSDF: -----	IC In Place: N	El Indicator (HE / GW): N / N	
Short-Term Gen: N	Transfer Facility: N	Offsite Receiver: N	HSM: N	Subpart K: ---	
Full Enforcement: -----	Converter: -----	State Unaddressed SNC: N	EPA Unaddressed SNC: N		
CA Wrkld: N	State TSDF: -----	State Addressed SNC: N	EPA Addressed SNC: N		
Active State Gen: N		State SNC w/Comp Sched: N	EPA SNC w/Comp Sched: N		

Evaluations With No Violations:

CEI Evaluation	09/17/2003	Activity Location: NJ	By: State	Identifier: 001	Person: NORJA	Branch: N	Found Violation: NO
Citizen Complaint: NO		Multimedia Inspection: NO	Sampling: NO	Not Subtitle C: NO	Day Zero:		Focus Area:

Total Number of Handlers: 1

Total Number of Activity Locations: 1

* End of Report *

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 4, 2016 - 4:12 PM

Page 3

Description of codes used on the report:

Universes	Description of Universes
Generator	Indicates that the facility is a Large Quantity Generator (LQG), Small Quantity Generator (SQG), Conditionally Exempt Small Quantity Generator (CEG), or not a generator (N).
Transporter	Indicates that the facility Transports waste subject to RCRA regulations. ('Y' indicates that the facility is in this universe).
Operating TSDF	Indicates that the facility is a Treatment, Storage or Disposal facility subject to any type of enforcement. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
IC in Place	Indicates that the facility has Institutional Controls in place. ('Y' indicates that the facility is in this universe).
EI Indicator (HE / GW)	Indicates that the facility has controls in place for Environmental Indicators. HE - Human Exposures ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist) GW - Groundwater Release ('+' indicates the exposure exists and is under control; '-' indicates the exposure exists and is not under control; 'N' indicates the exposure does not exist)
Short-Term Gen	Indicates that the facility is a short term or one time event generator and not generating from ongoing processes.
Transfer Facility	Indicates that the facility transfers hazardous waste.
Offsite Receiver	Indicates that the facility, whether public or private, currently accepts hazardous waste from another site (site identified by a different EPA ID).
HSM	Indicates that the facility manages hazardous secondary material(s) (e.g. spent material, by-product or sludge) that when discarded, would be identified as hazardous waste.
Subpart K	Indicates that the facility has opted into the subpart K laboratory rule. It then specifies the type of facility (C - College or University; H - Teaching Hospital; N - Non-profit Research Institute; W - withdrawal from the rule)
Full Enforcement	Indicates that the facility is a Treatment, Storage or Disposal facility which is part of the Full Enforcement universe. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
CA Workload	Indicates that the facility is part of the Corrective Action Workload universe. ('Y' indicates that the facility is in this universe).
Active State Gen	Indicates that the facility is an Active State Generator. ('Y' indicates that the facility is in this universe).
Converter	Indicates that the facility is a Converter Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State TSDF	Indicates that the facility is a State Treatment, Storage or Disposal facility. It then specifies the type of facility (L - Land Disposal; I - Incinerator; B - BIF; S - Storage; T - Treatment)
State Unaddressed SNC	Indicates that the facility is a State Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State Addressed SNC	Indicates that the facility is a State Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
State SNC w/ Compl. Sched	Indicates that the facility is a State Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).
EPA Unaddressed SNC	Indicates that the facility is an EPA Unaddressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA Addressed SNC	Indicates that the facility is an EPA Addressed Significant Non-Complier. ('Y' indicates that the facility is in this universe).
EPA SNC w/ Compl. Sched	Indicates that the facility is a EPA Significant Non-Complier with a Compliance Schedule. ('Y' indicates that the facility is in this universe).

* Note: Penalty amount may not reflect all violations cited.

FOIA Report of Non-Sensitive Compliance Monitoring and Enforcement Data

Report run on: March 4, 2016 - 4:12 PM

Page 4

Description of codes used on the report:

ACCESSIBILITY - indicates the reason why the handler is not accessible for normal RCRA tracking and processing (previously called Bankrupt Indicator):	
Code	Description
B	indicates that the handler has filed for bankruptcy and bankruptcy litigation is in process.
C	indicates that all RCRA responsibilities for permitting/closure, corrective action, and compliance monitoring and enforcement at the facility have been formally transferred to the CERCLA program or state equivalent.
F	indicates that all responsible parties (owners/operators) for the handler have fled the country or are otherwise not available for prosecution.
L	indicates that the handler's case is tied up in litigation to the extent that further progress in achieving RCRA compliance through normal enforcement is not possible.

NON-NOTIFIER - indicates that the handler has been identified through a source other than Notification and is suspected of conducting RCRA-regulated activities without proper authority:	
Code	Description
E	indicates that the handler was initially a non-notifier, subsequently determined to be exempt from requirements to notify.
O	indicates that the handler is a former non-notifier.
X	indicates that the handler is a non-notifier.

Evaluation Type	Type Description
CEI	COMPLIANCE EVALUATION INSPECTION ON-SITE

* Note: Penalty amount may not reflect all violations cited.